

Partnership for Hope

3-Year Key Findings Report

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Prepared August 2014 for the Missouri Department of Mental Health, Division of Developmental Disabilities as a part of the Partnership for Hope Waiver Evaluation, conducted by the University of Missouri Kansas City Institute for Human Development, UCEDD. For more information, contact George Gotto at gottog@umkc.edu or (816) 235-5334.



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INTRODUCTION TO PARTNERSHIP FOR HOPE

The stated purpose of the Partnership for Hope (PfH) Medicaid waiver is to prevent or delay institutional services for Medicaid eligible persons with developmental disabilities (DD) who require minimal services in order to continue living in the community. In particular, the PfH waiver aims to provide services to individuals who live primarily in a family setting with family members who provide significant support but are not able to meet all of the individual's needs.

Key Components

The PfH waiver is a 1915(c) Home and Community Based Services (HCBS) waiver program, which allows the State of Missouri to address the specific needs of its citizens. As a result, there are a number of key components to the PfH waiver that make it both unique and innovative.

Prioritization of Need (PoN)—The PfH waiver does not use the Missouri Division of Developmental Disabilities' (DDD) traditional PoN form. Instead, support coordinators fill out a simplified form, which allows the priority of need to be determined at the local level and results in quicker access to needed services and supports.

Statewideness—Under Section 1902(a)(1)), states can target areas of the state where the need is greatest, or where certain types of providers are available. As a result, PfH targets those counties that request waiver slots based on the needs of the individuals they support and the counties' ability to pay their percentage of the PfH waiver funds.

Partnership—The PfH waiver is made possible through a unique collaboration between the DDD, County Developmental Disability Boards (CDDB), and Federal Centers for Medicare and Medicaid Services. First, unlike other HCBS waivers, counties contribute to the funding of PfH. Second, while the DDD administers the waiver through an interagency agreement with Mo HealthNet, specific administrative tasks are conducted by the CDDBs so that local entities can identify and address priority needs.

Individual Cost Limit—The annual cap on the waiver is set at \$12,000. This is at least \$10,000 dollars below the cap on other HCBS waivers in the state.

Self-Directed Supports—An individual may self-direct some supports under the PfH waiver, which means that the individual or a designated representative can recruit, hire, train, manage, supervise, and fire employees, as well as manage the yearly budget allocation (See Table 1.1).

The Evaluation

On April 1, 2012, the DDD entered into a contract with the University of Missouri Kansas City Institute for Human Development (IHD) to evaluate the PfH waiver with the goal of assessing the impact of the waiver at the state, county, family, and individual levels. Conducting an evaluation of PfH offers a unique opportunity to study both economic and program impacts created through this innovative partnership. Appendix A identifies the Steering Committee members who help guide evaluation activities.

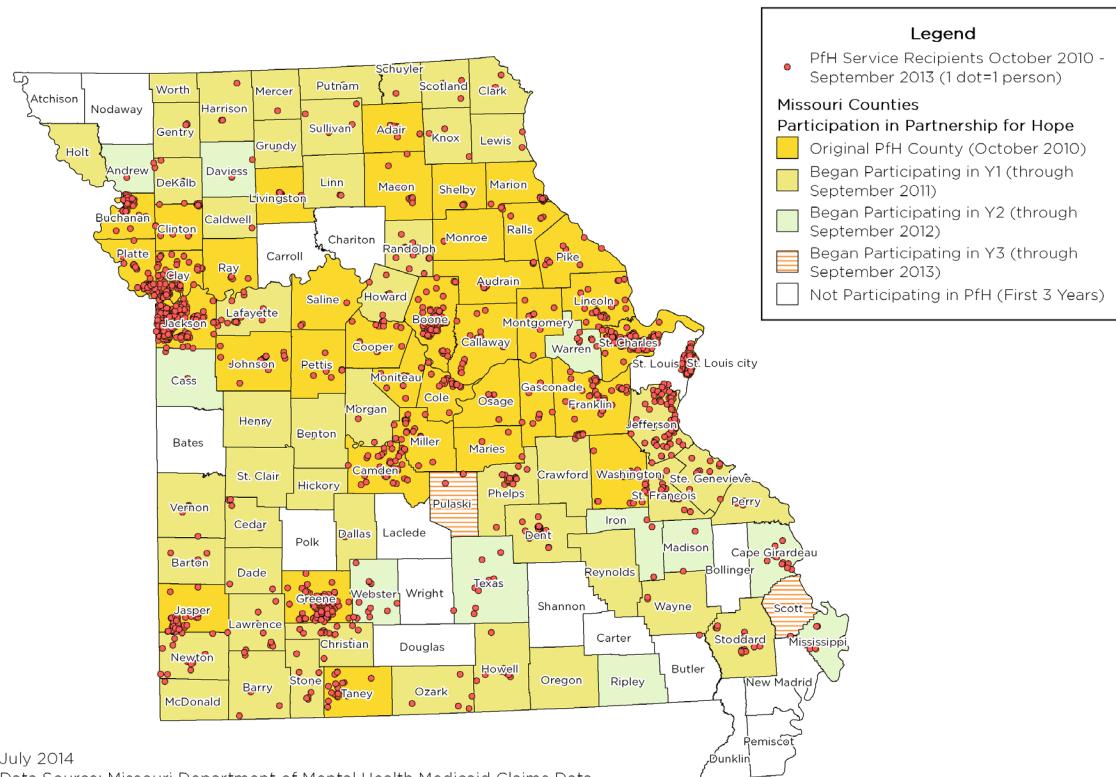
Table 1.1. Services Provided through the Partnership for Hope Waiver

EMPLOYMENT	<ul style="list-style-type: none"> Co-Worker Supports Job Discovery Job Preparation
HEALTH	<ul style="list-style-type: none"> Dental** Specialized Medical Equipment & Supplies (Adaptive Equipment) Assistive Technology
THERAPY & SKILL DEVELOPMENT	<ul style="list-style-type: none"> Speech Therapy Physical Therapy Occupational Therapy Independent Living Skills Development
ASSESSMENT & PLANNING	<ul style="list-style-type: none"> Behavior Analysis Service Person-Centered Strategies Consultation Community Specialist* Professional Assessment & Monitoring Support Broker*
ENVIRONMENTAL ACCESSIBILITY	<ul style="list-style-type: none"> Environmental Accessibility Adaptations/Vehicle Modifications Personal Assistant* Transportation
TEMPORARY RESIDENTIAL SERVICES	<ul style="list-style-type: none"> Temporary Residential Services**

*May be self-directed. Self-directed means the individual or a designated representative recruits, hires, trains, manages, supervises, and fires employees. It also means that the individual has authority over managing the yearly budget allocation.

**Services only available through the Partnership for Hope Waiver.

Figure 1.1. Missouri Partnership for Hope (PfH) Medicaid Waiver Service Participants (The First 3 Years)



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MEDICAID DATA

Missouri Medicaid claims files were analyzed to explore PfH service utilization and costs.

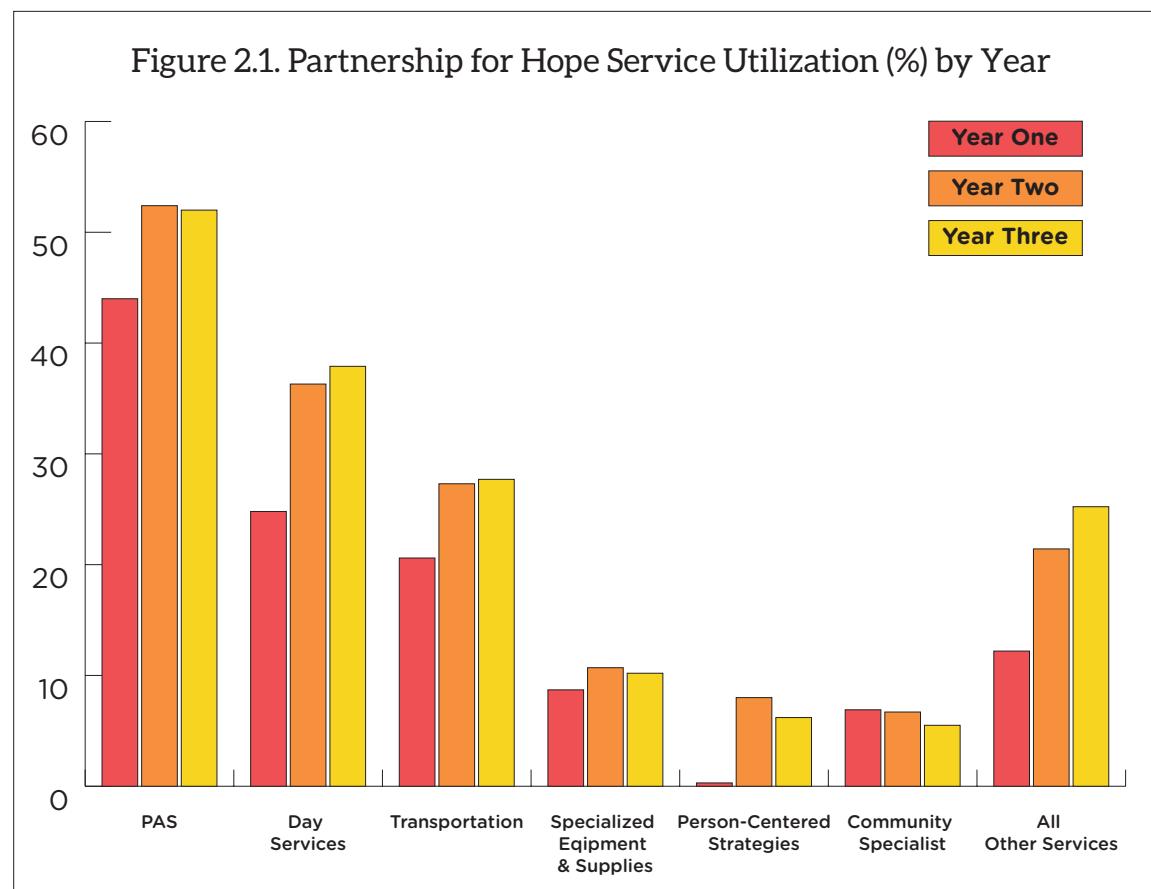
Service Utilization & Cost

In all three years, most PfH Participants utilized only four services: Personal Assistant Services (PAS), Day Services, Transportation, and Specialized Equipment and Supplies.

- The overall percentage of PfH participants utilizing each of those four services increased from Year 1 to Year 3.
- The summed percentages of total PfH waiver costs for those four services remained stable between Year 1 (85.4%) and Year 2 (84.6%), and dropped in Year 3 (71.0%).

The overall percentage of PfH participants utilizing “all other services” increased from Year 1 to Year 3, accounting for over 25% of service costs.

The percentage of PfH participants self-directing their PAS increased each year (Year 1: 14.8%, Year 2: 20.0%, and Year 3: 22.5% of all PAS were self-directed).



Notes. Percent does not total 100 due to individuals utilizing multiple services. All Other Services: Behavioral Consult/Specialist, Career Preparation, Functional Behavioral Assessment, Community Employment, Residential, Dental, Environmental Accessibility Adaptations, Occupational Therapy, Speech Therapy, Physical Therapy, Job Discovery, Assistive Technology, Support Broker, Professional Assessment & Monitoring, Individualized Supported Living

Table 2.1. Partnership for Hope Service Costs: Years 1-3

PfH Waiver Service	% of total waiver costs*		
	Oct 2010-Sept 2011 (n=813)	Oct 2011-Sept 2012 (n=1325)	Oct 2012-Sept 2013 (n=2004)
Personal Assistant Services (PAS)	42.7	37.3	23.2
Self-Directed PAS	8.3	10.1	14.1
	(19.5 of all PAS)	(29.2 of all PAS)	(37.8 of all PAS)
Day Services	26.1	31.5	32.7
Transportation	10.6	12.5	11.5
Specialized Equipment & Supplies	6.0	3.3	3.6
Person Centered-Strategies	0.1	2.6	2.0
Community Specialist	2.3	2.0	1.2
Self-Directed Community Specialist	-	<0.1	0.1
	-	(1.6 of all CS)	(6.5 of all CS)
All Other Services	12.2	10.8	25.8

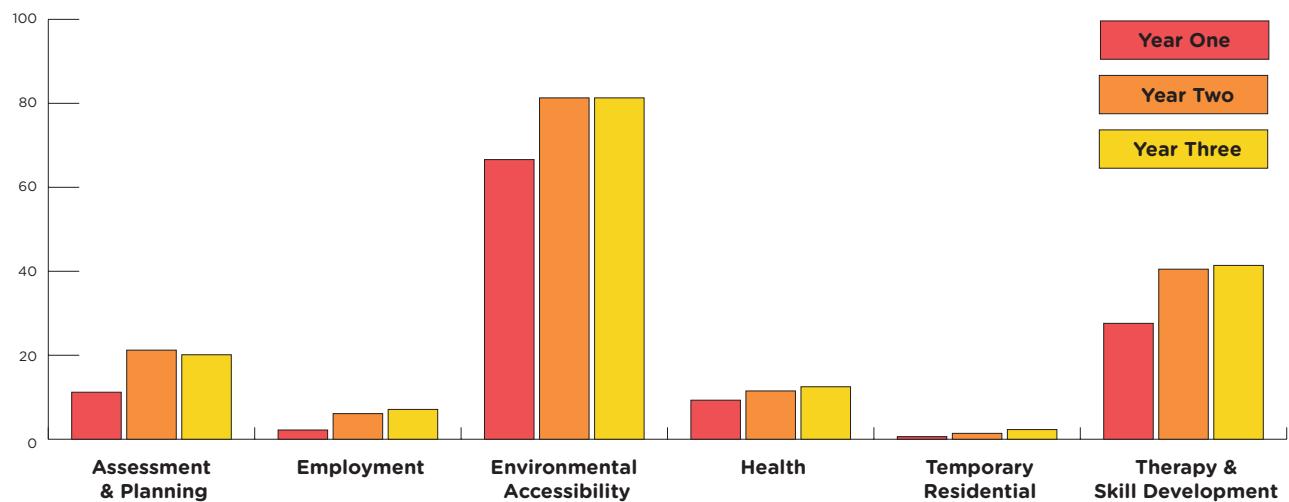
*percent does not total 100 due to rounding
All Other Services: Behavioral Consult/Specialist, Career Preparation, Functional Behavioral Assessment, Community Employment, Residential, Dental, Environmental Accessibility Adaptations, Occupational Therapy, Speech Therapy, Physical Therapy, Job Discovery, Assistive Technology, Support Broker, Professional Assessment & Monitoring, Individualized Supported Living
Data Source: Missouri Department of Mental Health Medicaid Claims Data

Service Type

Figure 2.2 demonstrates that services related to environmental accessibility and accessible housing (i.e. PAS, Transportation, and Environmental Accessibility) were used by most participants (Year 1: 66.6%, Year 2: 81.3%, and Year 3: 81.3%).

Therapy and skill development services (i.e. Day Services, Occupational Therapy, Speech Therapy, and Physical Therapy) were utilized by over 25% of participants in Year 1 and over 40% of participant in Year 2 and Year 3.

Figure 2.2. Percentage of PfH Participants Using Each Type of Service by Year



Note. Percent does not total 100 due to individuals utilizing multiple services.

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ECONOMIC IMPACT

Previous research has shown that state Medicaid spending generates economic activity by directly impacting health care service providers who receive payments for services on behalf of Medicaid enrollees, indirectly benefitting other businesses and industries through the purchase of goods and services by these health care services providers (the “multiplier effect”). Subsequently, both the direct and indirect effects induce changes in household consumption and tax collection primarily due to household income fluctuations. These fiscal and economic impacts are exacerbated by federal match dollars infused into state and local economies (see Figure 3.1).¹

The economic contribution and impact of PfH in its first three years (October 2010 through September 2013) were explored using IMPLAN.²

Ratio of Services to Expenditures

As shown in Table 3.1, for each \$1 spent by the state and counties (each), \$5.31 worth of supports and services are provided to Missourians with intellectual and developmental disabilities through Partnership for Hope.

However, if PfH were funded like traditional Medicaid programs and counties did not contribute to the state match funds for PfH, then for each \$1 spent by the state, Missourians would receive \$2.65 worth of supports and services for people with DD.

Table 3.1. Partnership for Hope (PfH) Expenditures

	Expenditures (in millions)*	% of Total	In Other Words...*
State	\$3.53	18.8	\$1.00
County	\$3.53	18.8	\$1.00
Federal	\$11.68	62.3	\$3.31
Total	\$18.74	-	\$5.31

*in 2013 dollars

Economic Impact

A county and state investment of approximately \$3.5 million each (all dollar amounts reported in 2013 dollars):

- Leveraged \$11.7 million in federal funds
- Contributed almost \$22.2 million to Missouri’s gross state product (GSP), including employment income of over \$17.8 million and an estimated \$1.3 million in state and local government tax revenue; and
- Was responsible for more than 425 jobs for Missourians.

The state and counties leverage their contributions for federal funds. IMPLAN analysis of the economic impact of the federal PfH dollars shows that:

- Over 13.8 million ‘new’ dollars were added to the Missouri’s economy as a results of PfH between October 2010 and September 2013.

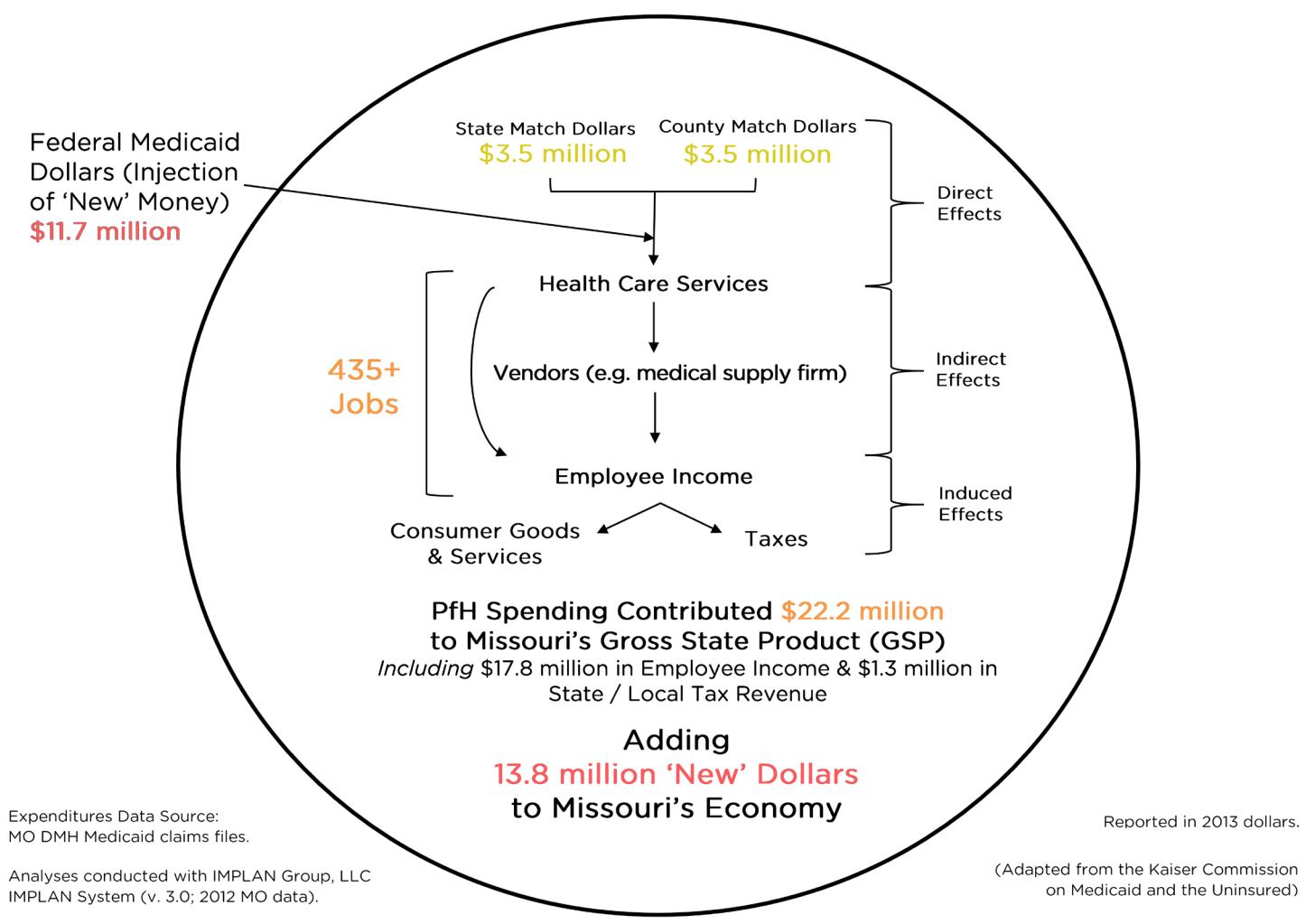
Table 3.2. demonstrates that PfH service expenditures totaled over \$18 million in the first three years. Also, participants served increased by over 1,000 people.

Table 3.2. PfH Expenditures by Year

PfH Year	PfH Service Expenditures ^a	Participants Served	Participating Counties ^b
Year 1 (Oct. 2010-Sept. 2011)	\$2.57 million	813	84 + St. Louis City
Year 2 (Oct. 2011-Sept. 2012)	\$6.06 million	1,325	95 + St. Louis City
Year 3 (Oct. 2012-Sept. 2013)	\$10.11 million	2,004	98 + St. Louis City
Total	\$18.74 million		

^aIn 2013 dollars. ^bMissouri has 114 counties.

Figure 3.1. Flow of Partnership for Hope (PfH) Medicaid Dollars through Missouri's Economy:
The First Three Years (October 2010 through September 2013)





IMPLAN's sector scheme, based on the Bureau of Economic Analysis' most recent Benchmark Input-Output Study, includes 440 sectors derived from the Census Bureau's North American Industry Classification System (NAICS). The sectors relevant to the present analyses are displayed below, along with the specific PfH supports and services categorized into each sector and percentage of total PfH expenditures by sector.

Several sectors that did not receive any direct PfH expenditures were affected by PfH expenditures (e.g. Sector 413: food services and drinking places), exemplifying the occurrence of indirect and induced effects.

Table 3.3. IMPLAN Sectors Included in Analyses by Percentage of Expenditures

Sector	Sector Description	PfH Supports and Services in Sector	% Total PfH Expenditures
400	Individual & Family Services	Community Specialist; Day Services	33%
395	Home Health Care Services	OT; PT; Speech Therapy; PAS; Person-Centered Strategies Consultation; Professional Assessment and Monitoring	30%
426	Private Households	PAS, SD; Support Broker, SD; Community Specialist, SD	13%
336	Transit & Ground Passenger Transportation	Transportation	12%
325	Retail--Health & Personal Care*	Specialized Medical Equipment and Supplies; Assistive Technology	3%
394	Offices of Physicians, Dentists, and Other Health Practitioners	Behavior Intervention Specialist; Dental; Functional Behavioral Assessment; Senior Behavior Consultant	3%
401	Community Food, Housing, and Other Relief Services, Including Rehabilitation Services	Career Preparation Services; Community Employment; Job Discovery	3%
38	Construction of Other New Residential Structures	Environmental Accessibility Adaptations	2%
398	Nursing & Residential Care Facilities	Temporary Residential	1%

*Retail margins applied.

Notes. SD=self-directed services. OT=occupational therapy. PT=physical therapy. PAS=personal assistant services

The gross state product (GSP) or total value added was further explored by the specific industries/sectors affected.

The largest value added impact was estimated to have occurred in Sector 395 (home health care services), followed by Sector 400 (individual and family services) and Sector 426 (private household operations) of the state's economy. Sector 400 includes services for persons with disabilities, including non-residential social assistance services that aim to improve quality of life. Sector 426 includes private households that employ workers who provide services related to household operations. All self-directed services were categorized into this sector.

The remaining sectors were minimally impacted (each representing 7% or less of total value added impact). Interestingly, however, five sectors that did not receive any direct PfH expenditures were among the top 10 affected by PfH expenditures (e.g. real estate establishments), exemplifying the occurrence of indirect and induced effects.

Table 3.4. Top 10 Sectors Affected by PfH Expenditures by GSP/Value Added (Total: \$22.2 million)

Sector & Description	PfH Service(s) in Sector	GSP/Value Added*	% of Total GSP/Value Added Impact
395: Home health care services	OT; PT; Speech Therapy; PAS; Person-Centered Strategies Consultation; Professional Assessment and Monitoring	\$4.2 million	19%
400: Individual and family services	Community Specialist; Day Services	\$4.1 million	18%
426: Private household operations	PAS, SD; Support Broker, SD; Community Specialist, SD	\$2.3 million	11%
336: Transit and ground passenger transportation	Transportation	\$1.6 million	7%
361: Imputed rental activity for owner-occupied dwellings	-	\$1.0 million	5%
394: Offices of physicians, dentists, and other health practitioners	Behavior Intervention Specialist; Dental; Functional Behavioral Assessment; Senior Behavior Consultant	\$800,000	4%
360: Real estate establishments	-	\$700,000	3%
319: Wholesale trade businesses	-	\$500,000	2%
354: Monetary authorities and depository credit intermediation activities	-	\$400,000	2%
397: Private hospitals	-	\$400,000	2%

*Rounded to nearest hundred thousand dollars.

Notes. Percent does not total to 100 because only top 10 industries shown. SD=self-directed services.

Data Source: Missouri Department of Mental Health Medicaid Claims Data. Analyses conducted with IMPLAN Group, LLC, IMPLAN System (2012 Missouri Data; version 3.0 software).



The jobs impact was further explored by the specific industries/sectors affected (see Table 3.5.).

Analyses reveal that 44% of the total jobs contribution occurred in Sector 426, private household operations. This sector includes all self-directed services, which, notably, represent only 13% of total PfH expenditures (Table 3.3). The next two industries/sectors most impacted with regard to number of jobs occurred in Sectors 400 (individual and family services) and 395 (home health care services)—accounting for an estimated 33% of the total jobs impact.

The remaining sectors were minimally impacted (each representing 5% or less of the total jobs impact). Three of these sectors did not receive any direct PfH funding (e.g. food services and drinking places).

Table 3.5. Top 10 Sectors Affected by PfH Expenditures by Employment (Total Jobs Impact: 435)

Sector & Description	PfH Service(s) in Sector	% of Total Jobs Impact
426: Private household operations	PAS, SD; Support Broker, SD; Community Specialist, SD	44%
400: Individual and family services	Community Specialist; Day Services	22%
395: Home health care services	OT; PT; Speech Therapy; PAS; Person-Centered Strategies Consultation; Professional Assessment and Monitoring	11%
336: Transit and ground passenger transportation	Transportation	5%
401: Community food, housing, and other relief services, including rehabilitation services	Career Prep. Services; Community Employment; Job Discovery	2%
413: Food services and drinking places	-	2%
394: Offices of physicians, dentists, and other health practitioners	Behavior Intervention Specialist; Dental; Functional Behavioral Assessment; Senior Behavior Consultant	1%
398: Nursing and residential care facilities	Temporary Residential	1%
360: Real estate establishments	-	1%
382: Employment services	-	1%

Notes. Percent does not total to 100 because only top 10 industries shown. SD=self-directed services.

Data Source: Missouri Department of Mental Health Medicaid Claims Data. Analyses conducted with IMPLAN Group, LLC, IMPLAN System (2012 Missouri Data; version 3.0 software).

Delayed Costs Associated with Partnership for Hope (PfH)

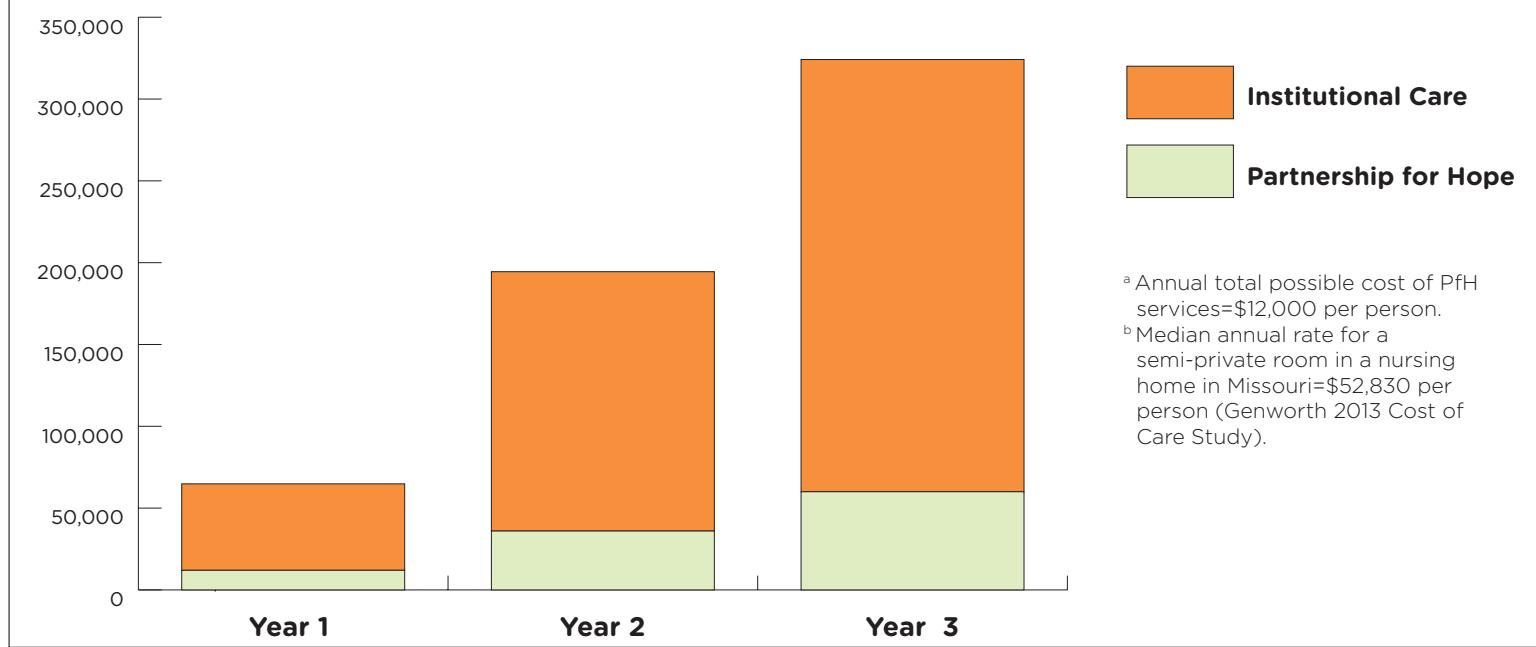
In 2013 the annual total possible cost of PfH services was \$12,000 per person.

The median annual rate for institutional care in Missouri was \$52,830 per person.³ Figure 3.2 shows the 1, 3, and 5 year per person cost of both PfH services and institutional care.

Example: *What if 5% of PfH service recipients were delayed from entering into institutional care for 1, 3, or 5 years? (5% of PfH service recipients—between Oct. 2010 and Sept. 2013—is approximately 115 people)*

- 1 Year: The total cost for 5% of PfH service recipients if each utilized the total allowable amount of services (\$12,000) is \$1.4 million. The total cost for 115 people (5% of PfH service recipients) to receive one year of institutional care is \$6.1 million, a difference of \$4.7 million.
- 3 Years: The total cost for 5% of PfH service recipients if each utilized the total allowable amount of services (\$12,000) for 3 years is \$4.1 million. The total cost for 115 people (5% of PfH service recipients) to receive 3 years of institutional care is \$18.2 million, a difference of \$14.1 million.
- 5 Years: The total cost for 5% of PfH service recipients if each utilized the total allowable amount of services (\$12,000) for 5 years is \$6.9 million. The total cost for 115 people (5% of PfH service recipients) to receive 5 years of institutional care is \$30.4 million, a difference of \$23.5 million.

Figure 3.2. PfH Per Person Cost of PfH Services^a Versus Institutional Care^b in Missouri (in 2013 Dollars)



Footnotes

1. Kaiser Commission on Medicaid and the Uninsured. (2009). *The Role of Medicaid in State Economies: A Look at the Research* (Kaiser Family Foundation Report No. 7075-02). Retrieved from the Kaiser Family Foundation website: http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7075_02.pdf
2. IMPLAN Group, LLC, IMPLAN System (2012 data and version 3.0 software), 16740 Birkdale Commons Pkwy, Suite 206, Huntersville, NC 28078 www.implan.com
3. Semi-Private Room in Nursing Home, Genworth 2013 Cost of Care Study

FAMILY IMPACT

A Family Impact Study was conducted to assess how the Partnership for Hope waiver affects families of participants. This study included open-ended interviews with families as well as an assessment of Family Quality of Life (FQOL).

Family Quality of Life

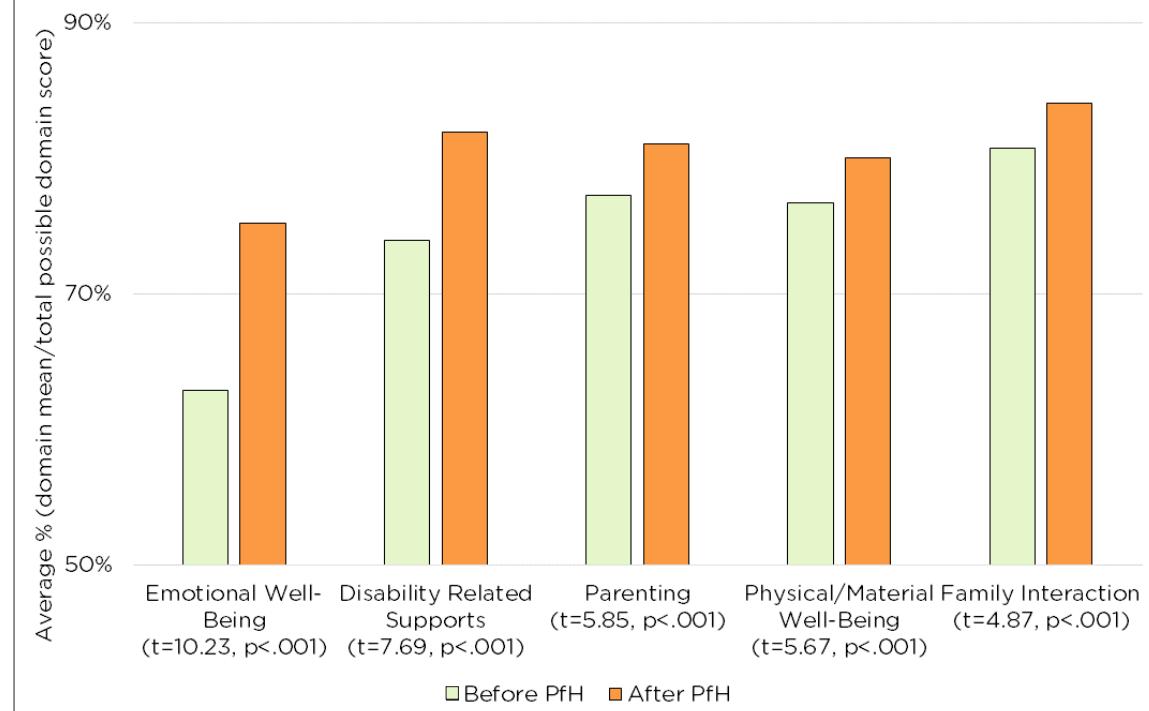
A relatively modest amount of funding has significantly impacted family quality of life:

- Provides piece of mind for aging family caregivers
- Relieved stress and improved family interactions

PfH improves FQOL across all domains: Emotional Well-Being, Disability-Related Supports, Parenting, Physical/Material Well-Being, and Family Interaction.

- Helps maintain the family as a system of support.
- Promotes community integration for people with DD.
- Promotes the pursuit of independence for people with DD.
- Makes it possible PfH participants and their family members to work.

Figure 4.1. Impact of PfH on Family Quality of Life (FQOL) (n=202)



Family Perspective

Emotional Well-Being

Mother: Yeah, that's for sure I mean you know it's relieved some stress from me which makes me a better mom. It doesn't make me so on edge and grouchy and, you know, my mental health is a lot better, you know, not only him, but also you know because if mom is happy, everybody's happy.

Mother: Yes because before it was kind of like I had no life, if that makes any sense because I just couldn't do much ... because when you have ... a child with that type of disability, you can't take them anywhere so you're just kind of penned in all the time and now I'm not so penned in because I have that help, I'm able to have a little more freedom and do a little bit more.

Disability-Related Supports

Father: Well with our son, it gives him the capability to continue working. Before the waiver was available to us, I had had surgery and couldn't drive for a month. So therefore, he missed work for a month. It gives security as far as his job.

Sister: I know that it's helped us a lot with the shower and stuff that they've put in. That has probably been the best blessing of all 'cause we're all petite. We were lifting him and putting him in the shower whereas now he goes in and out on his own. He can actually bathe on his own. It's independence for him especially since he's a grown adult and he doesn't want his sisters to be in there bathing him, or his mom. So I think not just for him, but for us physically it's been amazing.

Parenting

Mother: Plus I think there's a certain amount of independence in his mind; "this is my bus." Just that independence that he feels I think has been very beneficial to him personally. He's not waiting on Mom for a ride. He has his own way.

Grandmother: ...well here's one thing we've seen, they're going off and finding things to do on their own without wanting grandpa or me there all the time. Even when Partnership for Hope people aren't here it's like the oldest one will go to his room and listen to his CD's without having grandpa there all the time because he's gone in there [before] with one of the caregivers and so he knows he can do it and not need grandpa.

Physical/Material Well-Being

Mother: Yeah and I'll be really honest, without the Partnership for Hope waiver, I wouldn't be able to work because before I got the Partnership for Hope waiver I had a Master's degree and I was sitting at home with my son all day long...

Mother: It's made it so that I actually hold my job and not have employment issues because I have staff now that can help take care of my kids when I have to be at work.

Family Interaction

Mother: Oh yeah I mean [PfH] definitely allows me to do things more individualized with [my children] and to even take them even as a family out to places like because he can maybe take one staff person for one kid who may have had a harder time before and I wouldn't have taken them out altogether somewhere if I hadn't had some support, now we'll do that stuff a little more often.

Mother: I mean we're always talking about how nuclear families are breaking up nowadays. There's all these kids from divorced families. There's all these families that kids are now in institutions and mom and dad maybe had a rough road in making that decision and they've split up. How do we keep these families together? Well you alleviate the stressors, it's big. I think it probably, when they created it I'm sure that they knew that it was going to meet some huge, major life need, but I don't know if they realized the complete impact, you know?



Financial Impact

Almost 10% of family members reported a change in employment status as a results of Partnership for Hope (See Table 4.1.). Most frequently reported changes include:

- Started working
- Increased hours
- Changed jobs

Other family members reported that PfH impacted their job stability.

Table 4.1. Change in Employment Status of Family as a Result of PfH (n=233)

Change in Employment	Frequency	%
Yes	21	9.0
Started Working	5	
Increased Hours	7	
Changed Jobs	2	
Changed Jobs & Increased Hours	3	
Stopped Working	2	
Decreased Hours	2	
No	212	91.0

As Table 4.2. demonstrates, over 30% of family members agreed or strongly agreed with the statement, "Our family's financial status has improved since he/she began participating in PfH".

Table 4.2. Family Financial Status Since PfH (n=233)

"Our family's financial status has improved since he/she began participating in PfH"	Frequency	%*
Strongly Agree	18	7.7
Agree	53	22.7
Neither	107	45.9
Disagree	32	13.7
Strongly Disagree	23	9.9

**Percentages do not sum to 100 due to rounding.*

As shown in Table 4.3., almost a quarter of families reported a change in financial status as a result of PfH.

- Almost 75% of those families (approx. 17% of total respondents) reported having more money for the things their family wants or needs.

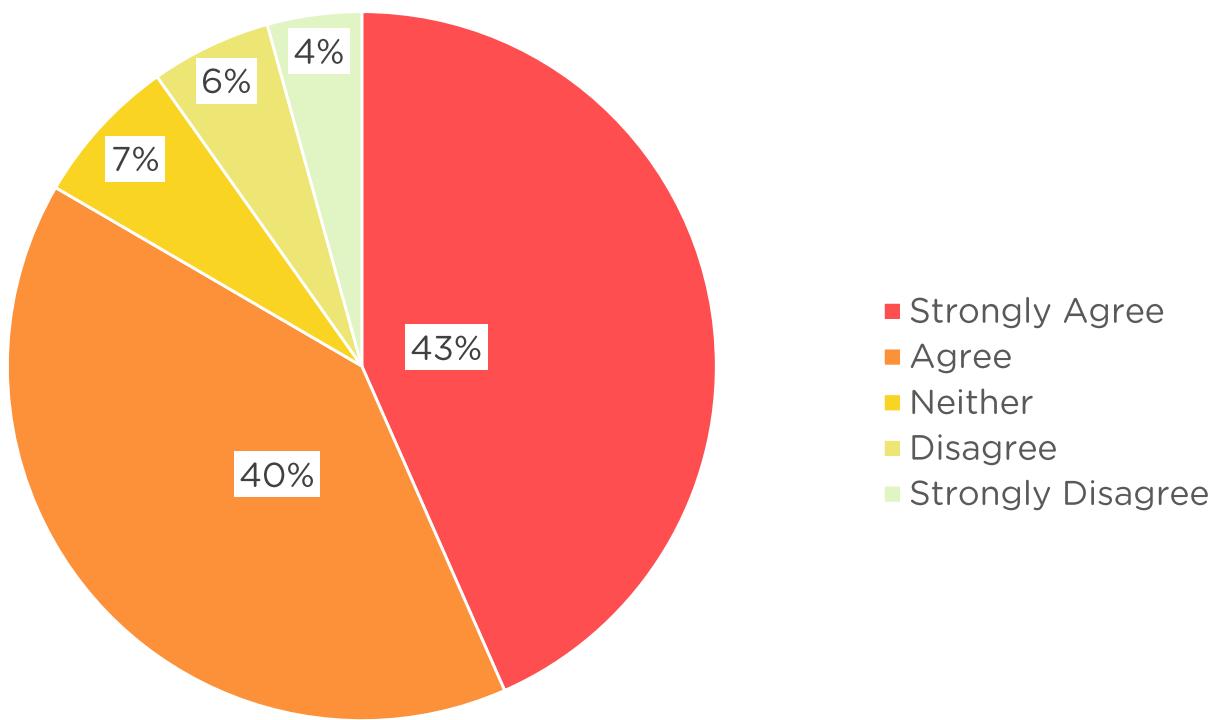
Table 4.3. Change in Financial Status of Family as a Result of PfH (n=235)

Change in Financial Status	Frequency	%
Yes	55	23.4
Have more money for the things my family needs / wants	41	17.4
Have less money for the things my family needs / wants	11	4.7
Other / Non-response	3	1.3
No	180	76.6

Satisfaction

Over 80% of families agreed or strongly agreed with the statement, “Overall, my family is satisfied with Partnership for Hope” (see Figure 4.2).

Figure 4.2. “Overall My Family is Satisfied with Partnership for Hope” (n=235)



5

LOOKING FORWARD

The PfH evaluation will run through March 2017. At the midpoint of the evaluation we have completed the first stage of the economic analysis and the family impact study.

Additionally, as a part of the organizational impact study we have collected data from practitioners who provide PfH services and from SB 40 personnel who administer the waiver at the county level. Finally, we have interviewed PfH waiver participants about the impact the waiver has had on their lives.

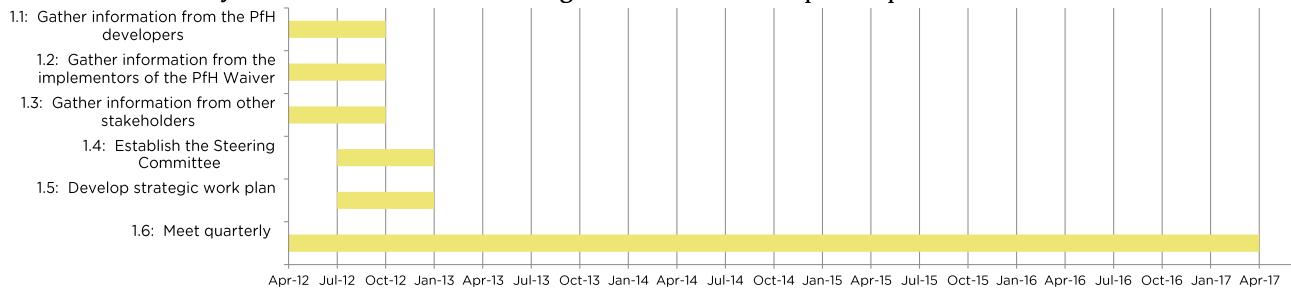
The PfH evaluation is a longitudinal study which allows us to make repeated observations of the same variables over the course of five years. As such, during the next two and a half years, the evaluation will include the following activities.

Table 5.1. Next Steps

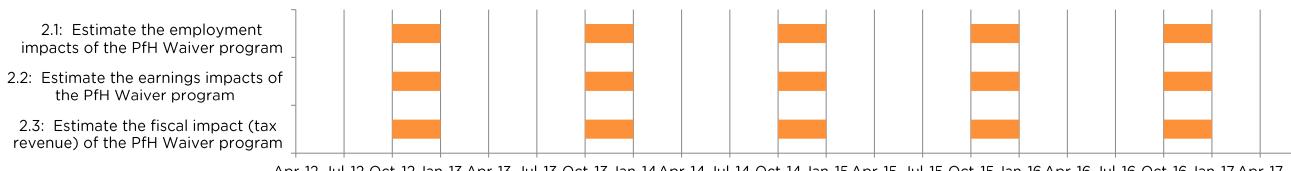
<input type="checkbox"/> Annual analysis of the PfH Medicaid Data
<input type="checkbox"/> Annual analysis of the economic impact of PfH
<input type="checkbox"/> Collection and analysis of data on the impact on families.
<input type="checkbox"/> Collection and analysis of the data from the organizational impact study.
<input type="checkbox"/> Analysis of the data from the individual impact study.
<input type="checkbox"/> Begin “Stories of Hope” video project highlighting the impacts of PfH across the state.
<input type="checkbox"/> Disseminate findings from the PfH Evaluation to appropriate audiences.

PfH Evaluation Activities

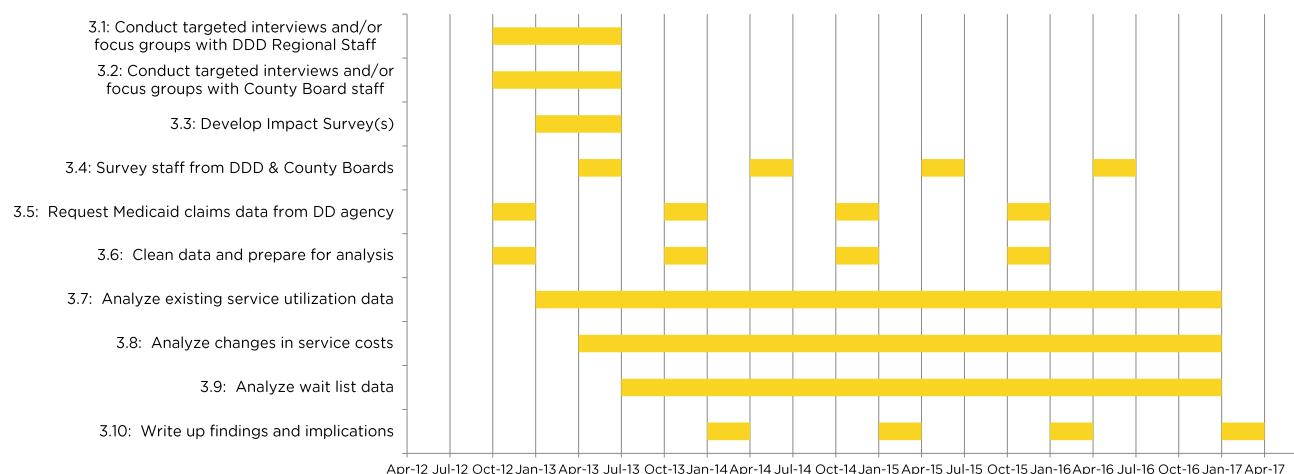
Objective 1: To convene steering committee and acquire input on the evaluation



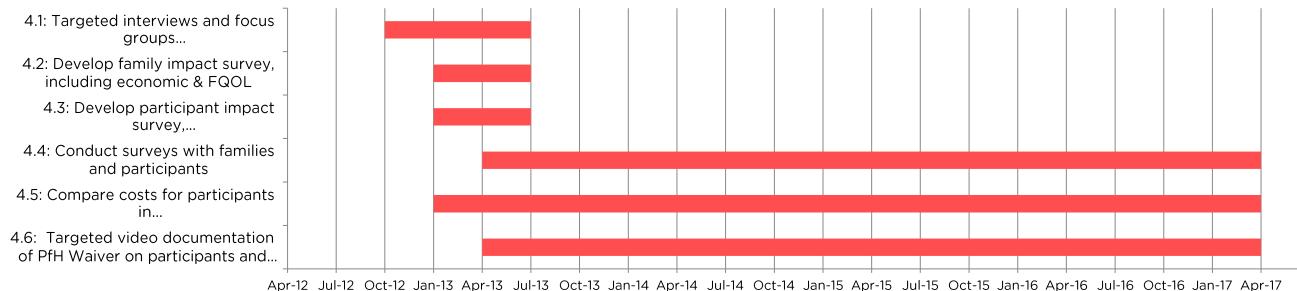
Objective 2: To assess economic impact of waiver on state and county systems of care



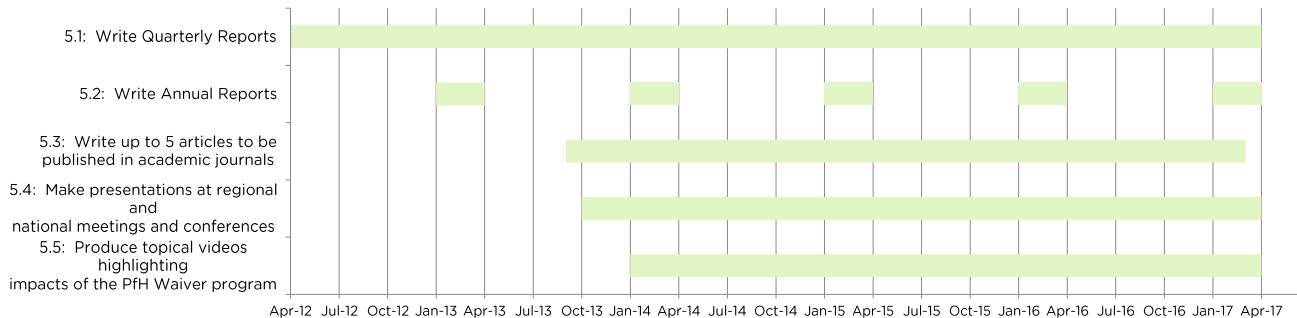
Objective 3: To assess the non-economic impacts of the PfH Waiver on state and county systems of care



Objective 4: To assess impact of waiver on participants and families



Objective 5: Dissemination of findings and results





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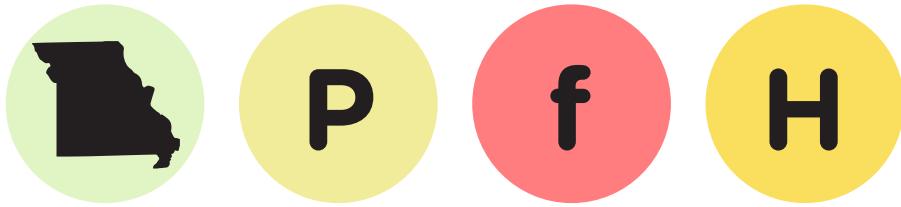
APPENDIX

All of the PfH evaluation activities are guided by a Steering Committee that includes stakeholders who are knowledgeable about the PfH Waiver, Medicaid, and/or research methodologies (see below). Evaluation objectives and related activities are also outlined.

PfH Evaluation Steering Committee

Member	Organization	Dates
Bernie Simons	Division of Developmental Disabilities	March 2012 - March 2014
Roger Garlich	Division of Developmental Disabilities	March 2012 - Dec. 2013
Robin Rust	Division of Developmental Disabilities	March 2012 - June 2014
Nanci Nikodym	MoHealthNet	Dec. 2012 - Sept. 2013
Jeff Grosvenor	Division of Developmental Disabilities	March 2012 - Present
Les Wagner	MO Association of County DD Services (MACDDS)	March 2012 - Present
Peg Capo	Developmental Disabilities Resource Board	March 2012 - Present
Jake Jacobs	EITAS	March 2012 - Present
Carl Calkins	University of Missouri-Kansas City Institute for Human Development	March 2012 - Present
Vim Horn	University of Missouri-Kansas City Institute for Human Development	March 2012 - Present
Allen Haas	MOHealthNet	Sept. 2013 - Present
Ron Berg	Division of Developmental Disabilities	March 2014 - Present
Gary Schanzmeyer	Division of Developmental Disabilities	March 2014 - Present
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Notes



Partnership for Hope

3-Year Key Findings Report

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